

61 03-05-04 AF/1600

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. DFN-031US	
Application No. 09/830762-Conf. #2130	Filing Date October 12, 2001	Examiner U. Winkler	Art Unit 1648	

Applicant(s): Margaret Shipp *et al.*

Invention: LYMPHOMA ASSOCIATED MOLECULES AND USES THEREFOR

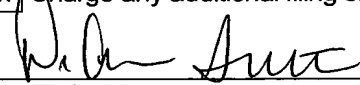
MAR 09 2004

**TO THE COMMISSIONER FOR PATENTS**

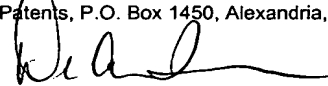
Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	71	- 80 =		x	
Independent Claims	10	- 10 =		x	0.00
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	0.00
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

- ☐ Large Entity ☒ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080  
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
DeAnn F. Smith  
Attorney Reg. No.: 36,683  
  
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400

Dated: March 3, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377652426 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: March 3, 2004	Signature:  (DeAnn F. Smith)

# FREE TRANSMITTAL

## for FY 2003

**Patent fees are subject to annual revision.**

☒ Applicant claims small entity status. See 37 CFR 1.27

**Complete if Known**

Application Number	09/830762-Conf. #2130
Filing Date	October 12, 2001
First Named Inventor	Margaret SHIPP
Examiner Name	U. Winkler
Group Art Unit	1648
Attorney Docket No.	DFN-031US

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Other	<input type="checkbox"/>	None
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☒ Deposit Account

Deposit  
Account  
Number

12-0080

Deposit  
Account  
Name

Lahive & Cockfield, LLP

**The Commissioner is hereby authorized to:** (check all that apply)

<input checked="" type="checkbox"/>	Charge fee(s) indicated below	<input checked="" type="checkbox"/>	Credit any overpayments
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<input checked="" type="checkbox"/>	Charge any additional fee(s) during the pendency of this application
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☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

### **FEE CALCULATION**

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

<b>SUBTOTAL (1)</b>	<b>(\$)</b>	<b>0.00</b>
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## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	<input type="text"/>	.. =	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	.. =	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Multiple Dependent						=	<input type="text"/>

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

<b>SUBTOTAL (2)</b>	<b>(\$)</b>	<b>0.00</b>
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**\*\* or number previously paid, if greater. For Reissues, see above**

**FEE CALCULATION (continued)**

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	55.00
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

<b>SUBTOTAL (3)</b>	<b>(\$)</b>	<b>55.00</b>
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## SUBMITTED BY

Name (Print/Type)	DeAnn F. Smith
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**Signature**

**Registration No.**  
**(Attorney/Agent)**

**36.683**

Complete (if applicable)

Telephone	(617) 227-7400
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Date \_\_\_\_\_

March 3, 2004

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